

I would like to become an official member of Florentine Opera Camerata.

Please complete form and mail to: Lindsey Denil Florentine Opera Company 700 N. Water St, Ste 950 Milwaukee, WI 53202

of Memberships _____ x \$25 per member = \$

Check

Visa

AMEX

MC

Discover _____

Credit Card Number _____ Exp date _____

Member Name (on card) _____

Address _____ City _____ State _____ Zip _____

Member Name 2 _____

Address *(if different than above)* _____ City _____ State _____ Zip _____

Your benefits card will be mailed within one week to the address(es) above.

Thank you for supporting Florentine Opera Camerata.